



## Health Services LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

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Mark Ridley-Thomas  
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Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality,  
patient-centered, cost-effective  
health care to Los Angeles County  
residents through direct services at  
DHS facilities and through  
collaboration with community and  
university partners.*



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May 12, 2015

TO: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*  
Director

SUBJECT: **MY HEALTH LA ENROLLMENT ACTIVITY  
REPORT**

On April 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to make programmatic changes to facilitate the enrollment process for those signing up for healthcare coverage at public events, such as health fairs or health informational forums, and report back to the Board in 30 days with a timeline.

The DHS is supportive of doing outreach to potential My Health LA (MHLA) applicants. To facilitate enrollment into the program, the DHS developed a standardized MHLA contract waiver process and form that community clinics use to request conducting MHLA enrollment activities at community-based events. The DHS has already approved several community-based MHLA enrollment events using this process and form. Both the DHS and the Community Clinic Association of Los Angeles County have shared the form with the clinics, which is attached for your reference. The DHS is also exploring amendments to the MHLA contract to further facilitate enrollment of eligible homeless residents.

In supporting MHLA enrollment at community based events, the DHS continues to focus on maintaining effective and efficient oversight of the type and location of community events where MHLA enrollment occurs to ensure that applicants and those who become participants have a positive experience with the MHLA program. This includes ensuring that applicants and participants have an understanding of where their medical home is and how to use their medical home to obtain services under the MHLA program.

The DHS recognizes that those who are uninsured may not be used to the medical home concept (i.e., having a usual source to receive primary care services). We believe that enrolling at a medical home helps promote this understanding. When enrollment occurs in a setting outside of a medical home it can be confusing to patients. Our MHLA Participant Services Call Center has received calls from several participants who were enrolled in community events, parks or at locations very far from their home and were unhappy with the clinic they

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were enrolled into. They did not realize this meant they had to receive care at this faraway clinic or could not continue at a different clinic where they had a long standing relationship.

The DHS believes that its MHLA community event enrollment waiver process helps promote outreach activities outside of the traditional clinical setting while ensuring that enrollment occurs at locations and in a manner that promote successful enrollment and applicant understanding of the medical home within the MHLA program.

If you have any questions, please do not hesitate to contact me at (213) 240-8101.

MHK:tb

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment

## APPLICATION FOR MHLA ENROLLMENT EVENT WAIVER



**THIS APPLICATION MAY ONLY BE SUBMITTED BY A MHLA COMMUNITY PARTNER CLINIC.**  
**IF MULTIPLE CLINICS ARE PARTICIPATING IN AN EVENT, THIS FORM MUST BE FILLED OUT BY EACH CLINIC.**

**Please submit this form at least four (4) weeks prior to the Enrollment Event to [mpalacios@dhs.lacounty.gov](mailto:mpalacios@dhs.lacounty.gov).**

### **INTRODUCTION**

This application is to request a contractual waiver from the My Health LA (MHLA) Agreement, Exhibit A – Statement of Work, Paragraph III.D. - Eligibility and Enrollment Requirements, which states, “Applications for enrollment may only be taken and processed at Medical Homes.” In very limited circumstances, the Department of Health Services will grant a contractual waiver to allow for MHLA enrollments at local community events. **In order for the Department to approve this event, all of the following criteria below must be met.**

**1. The sole purpose of this community based event is to provide opportunities for low income uninsured individuals to learn about and enroll in health care coverage programs.**

☐ Yes. Please describe the purpose of this event.

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☐ No, this event does not meet this criterion (Please Describe).

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**2. This event will be fully equipped with all necessary equipment required to process a MHLA application such that eligibility determination and enrollment at an event will be processed in the same manner as if the enrollment had taken place and was processed at the Medical Home. Please check all that will be available at your event:**

☐ Computers/laptops

☐ Wireless Internet access

☐ Printers

☐ Photocopiers

☐ Scanners

☐ Other Equipment : \_\_\_\_\_

☐ No, this event does not meet this criterion (Please Describe). \_\_\_\_\_

**3. MHLA Community Partner Clinic(s) participating in this event must be in good standing with the MHLA program office, including, but not limited to: MHLA annual audits, submission of encounter data, and the clinic does not have a high percentage of disenrolled/denied applications due to “Incomplete Application.”**

☐ Yes, to the best of my knowledge, our clinic is in good standing with the MHLA program in these areas.

☐ No, we are aware of the following issue(s) which may be of concern to the MHLA program.

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**4. If the MHLA Community Partner Clinic(s) applying for this event has been involved in previous enrollment events, the enrollers at those events demonstrated a high submission of accurate and complete applications, and individuals who enrolled at these events did not experience a high number of disenrollments.**

☐ N/A – We have not participated in a community based event before.

☐ Yes, to the best of my knowledge, the enrollment events to date have not resulted in many disenrollments.

☐ No, we are aware of the following issue(s) which may be of concern to the MHLA program.

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**5. It is anticipated that at least 25 MHLA applications will be taken at this event.**

☐ Please list here the estimated number of MHLA applications that you will take at this event: \_\_\_\_\_

Your Clinic Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Signature \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Event \_\_\_\_\_

Time of Event (Start and End Time) \_\_\_\_\_

Location of Event (Address and Location) \_\_\_\_\_

Number Anticipated to Attend Event \_\_\_\_\_

Please describe why this event should be issued a waiver?

\_\_\_\_\_  
\_\_\_\_\_

What makes this community event unique?

\_\_\_\_\_  
\_\_\_\_\_

Please list any other groups, organizations, or elected offices that are working with you on this event.

\_\_\_\_\_  
\_\_\_\_\_

Please List All of your enrollers who will be enrolling in MHLA at this event. **If your enroller DOES NOT currently have a OEA log-in and needs OEA access FOR THIS EVENT ONLY, include the attached OEA Application with this form.**

_____	_____	_____
_____	_____	_____
_____	_____	_____

- Please attach to this form any other supporting documentation about this event (flyers, letters of support etc)
- You will receive a response to this form in approximately two (2) weeks.

#### **TERMS AND CONDITIONS**

If a contract waiver is granted for this event, it will be for **one-day only** to allow enrollers to take and process applications for enrollment into MHLA at this community event only. **The waiver will not be valid for future events.** All terms and conditions of the MHLA Agreement shall remain in full force and effect before, during and after the event. This includes adherence to any and all provisions in the Agreement, Provider Bulletins and/or Provider Information Notices issued by the Department related to eligibility review, disposition and enrollment of eligible persons into the MHLA program with appropriate documentation using the web-based eligibility and enrollment system One-e-App. As specified in Agreement Paragraph 8.25 Health Insurance Portability and Accountability Act of 1996 (HIPAA), as a "covered entity" under HIPAA, your agency has obligations with respect to the confidentiality, privacy, and security of an applicant's personal information and participants' medical information, and, as such, must take steps to preserve the confidentiality, privacy and security of this information during the enrollment activities at the community event.

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#### **For Department of Health Services Internal Use Only**

This waiver is:

- ☐ Approved  
☐ Not Approved

If the waiver is not approved, list the criteria that was not met \_\_\_\_\_

\_\_\_\_\_

Name/Title of Approver/Denier: \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_